

Entered - 06/22/00 - sb
CL00L0396 - ALEXIS HOLMES

CLAIM OF: DWAYNE FARLEY
3199 Bobolink Drive
Decatur, Georgia 30032

01-*L*-1538

For damages alleged to have been sustained as a result of claimant's
hubcaps being stolen off his vehicle on June 9, 2000 at 128 Claire
Drive.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Rubens Newell DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0396

Date: September 10, 2001

Claimant /Victim DWAYNE FARLEY

BY: (Atty)(Ins. Co.) _____

Address: 3199 Bobolink Drive, Decatur, Georgia 30032

Subrogation: _____ Claim for Property damage \$ 200.00 Bodily Injury \$ _____

Date of Notice: 06/19/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/09/00 Place: 128 Claire Drive

Department Admn. Services Division: Motor Transport

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his hubcaps were stolen off of his vehicle while it was parked in the employees parking lot. The City is not liable for the criminal actions of third parties and is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

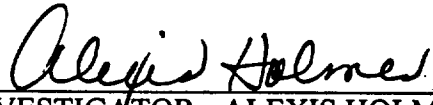
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-10-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

ENTERED - 6-22-00 - SB
00L0396 - DOBBS JORDAN

TODAY'S DATE: 6-11-00

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 200.00 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 6 9 00 (month day year) 2. Police called ✓ (yes) (No)
3. Location of incident: 128 CLAIRE DR
4. Name of your insurance company NATIONWIDE Policy # 77107
5. State what and how incident occurred: OFF HUB CARS WERE STOLEN OFF OF CAR WHILE IN EMPLOYEES PARKING LOT
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! (use other side if necessary)

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: 99 F150 99 141 RLT DWAYNE FARLEY
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: TRAVIS DENARD 128 CLAIRE DR (404) 624-0800
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

DWAYNE FARLEY (SEAL)
(claimant)
3199 1303 OLW KDR
(address)
Decatur GA 30032
(city) (state) (zip)
7707605727 - 404 6240800
(home) (phone) (work)

REV 2/84 JWP

01-R-1538

JUN 5

06-15-00 10:53 IN